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WELLNESS SERVICES POLICIES AND PROCEDURES

Welcome to Fast Track Physio, PLLC (“Fast Track”). We are excited to work with you to help you achieve your goals! We offer personal health and wellness services including functional movement evaluations, maximization of mobility with stability, optimization of sport-specific endeavors, improvement of endurance, reduction of injury risk, fitness and performance training, and stretching (collectively “Wellness Services”). Although Fast Track’s principal is a licensed physical therapist, Wellness Services are not physical therapy and are not any other service for which a state licensure is required. Instead, Wellness Services are based upon our proficiency in and knowledge of the Wellness Services.

Please carefully review, initial, and sign these policies. They set forth the terms of our relationship as you receive wellness services from us.

Wellness Services do not include physical therapy services.

About You

Name: _____

Preferred name (if different): _____

Date of birth: ____ / ____ / ____ Sex: _____ Relationship status: _____

Mailing address: _____

Your Emergency Contact

Name: _____

Phone number: _____

Relationship: _____

Your Primary Care Provider

Name: _____

Phone number: _____

City/state: _____

Communication Preferences + Policy

Please tell us below how we should communicate with you. Please note: If you request email or text communications, or if you contact us by email or text message, you indicate your consent to receive *unencrypted* emails and text messages from us, which may not be secure.

● Please fill in the bubble for your preferred communication method below.

○ Email:

○ Cell phone:	Can we leave a voicemail?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Can we send a text message?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
○ Other phone:	Can we leave a voicemail?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Can we send a text message?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I acknowledge and agree to these policies. _____

Your Initials

Not Medical Treatment

Wellness Services are not a substitute for medical advice. Our work together does not create a provider-patient relationship between you and Fast Track. Wellness Services, including related techniques, poses, postures, routines, and exercises may not be appropriate for everyone. If you have concerns about a medical condition or treatment, please schedule an appointment with us for physical therapy treatment or with another qualified medical provider. In an emergency, dial 911.

I acknowledge and agree to these policies. _____

Your Initials

Scope of Wellness Services

Wellness Services includes development, monitoring, or supervision of physical training, exercise, or fitness programs, as well as education, instruction, coaching, and consulting regarding wellness and health techniques, ergonomics, and related non-medical advice. Wellness Services do not include physical therapy services, as that term is defined under the Illinois physical therapy practice act and its regulations. Nothing in this policy limits us from providing appropriate and lawful techniques that we may otherwise perform. Conversely, nothing in this policy is intended to expand the scope of our practice for any activity, treatment, or consultation for which we are unlicensed, unqualified, or not lawfully permitted to provide.

Wellness Services do not include the evaluation, treatment or prevention of a disability, injury, disease, or other condition of health that requires the use of physical, chemical, and/or mechanical means including, but not limited to heat, cold, light, air, water, sound, electricity, massage, mobilization, and therapeutic exercise with or without assistive devices, and the performance and interpretation of tests and measurements to assess pathophysiological, pathomechanical, and developmental deficits of human systems to determine treatment, and assist in diagnosis and prognosis, as “physical therapy” is defined in Illinois Physical Therapy Act.

I acknowledge and agree to these policies. _____
Your Initials

No Warranty

Although Fast Track does its best to provide useful and correct guidance, we make no warranty as to the effectiveness of our Wellness Services to you. Accordingly, we hereby disclaim all liability to any party for any direct, indirect, implied, punitive, special, incidental, or other consequential damages arising directly or indirectly from Wellness Services. Wellness Services are provided as-is, without additional warranty.

I acknowledge and agree to these policies. _____
Your Initials

Indemnification and Assumption of Risk

We are not responsible for any injuries that you sustain from participating in or attending the Wellness Services or any of the activities demonstrated during the Wellness Services. During the Wellness Services, we may suggest or demonstrate an exercise, stretch, or technique, but it is your sole responsibility to ascertain if such behavior is consistent with your ability and safe for you to perform. You expressly waive any claim for any injury at any time related to your participation in or attendance at the Wellness Services against us. As a condition of participation in or attendance at the Wellness Services, you agree to indemnify us against all claims, liabilities, losses, damages, suits, costs, and expenses, including reasonable attorney's fees, relating to the Wellness Services. You further agree to assume all risk of property damage, injury, and death associated with the Wellness Services or your participation in or attendance at the Wellness Services.

I acknowledge and agree to these policies. _____
Your Initials

Payment Guarantee + Billing Policies

Fast Track requires payment at the time of your appointment. Wellness Services are not typically covered by insurance or Medicare. This means that you are solely responsible for contacting your insurance company or Medicare to determine if you will be reimbursed for Wellness Services. For this reason, Wellness Services are self-pay only and you are responsible for full payment at the time of service. Please consult our fee schedule or ask us for the exact cost. You may also be responsible for supplies and equipment. We will notify you and obtain your consent before charging you for any additional supplies or equipment.

If you pay by check and that check is returned to us for any reason, you agree that the following will be charged to your card: your entire balance due, any returned check fees charged to us, and a \$50 fee to cover our billing services management of the situation. If you do not provide a valid credit card, any unpaid balances will be sent to collections. Collection agencies may impose additional fees on your bill.

I acknowledge and agree to these policies. _____
Your Initials

Cancellation Policy

We have reserved your appointment time specifically for you. If you need to cancel or reschedule your appointment, please contact us at least 24 hours (Monday through Friday) prior to your scheduled appointment to avoid a \$50.00 late cancellation fee. For Monday appointments, you must cancel by 12:00 p.m. on the previous Friday. If you cancel without providing the proper notice, you must pay any late cancellation charges immediately and prior to resuming any services. Please use Fast Track's contact information on page 1 of this packet for cancellations.

I acknowledge and agree to these policies. _____
Your Initials

Credit Card Policy

We ask all clients to keep a credit card on file with Fast Track. You authorize charges for unpaid balances and fees of any kind to the credit card provided below. We will save this credit card information in your file for future charges.

Name on card: _____

Billing phone #: _____ *or same as* cell # *or* home # above.

Billing email: _____ *or same as* email above.

Type of Card: Visa Mastercard AMEX Discover Other: _____

Card number: _____ Exp. date: ____/____ CVC: _____

Card billing address: _____

Address, cont. _____ *or same as* address above

The cardholder hereby authorizes the above credit card to be charged for agreed purchases or services, including cancellation or returned check charges, and to be saved to our file pursuant to this Credit Card Policy.

Cardholder Signature: _____ **Date:** _____

Wellness Services Privacy Practices & Records Request

Fast Track works to comply with all applicable state and federal privacy laws. These laws may require us to protect the confidentiality and privacy of records and personal information. We have implemented privacy policies and procedures to ensure our compliance with these requirements. Please ask if you have questions about how we protect your privacy. If you have any questions about how we protect your privacy, please ask us. We maintain records about our Wellness Services to you. In some cases, we may charge reasonable and cost-based copying, postage, shipping, scanning, or digital storage device fees.

I acknowledge and agree to these policies. _____
Your Initials

Acknowledgment, Agreement & Informed Consent

You will complete this form with us at your first appointment.

As evidenced by my initials under each policy above and my signature below, I, the undersigned, hereby acknowledge and agree that: (A) I have read, understand, and I am bound by these Wellness Services Policies and Procedures; (B) Wellness Services are not medical services; (C) Wellness Services are provided without warranty; (D) Wellness Services are not covered by most insurance or Medicare, and I am responsible for full payment at the time of service; (E) I authorize charges to the credit card provided; (F) I assume all risk; and (G) I shall indemnify Fast Track Physio.

Furthermore, I, the undersigned, hereby give my *informed consent* to receive Wellness Services, and I acknowledge, agree, and understand: (A) Wellness Services and their risks and benefits (if any) have been explained to me; (B) Wellness Services may not give me the result that I expect, and I have been informed as to other possible services that may provide me a benefit; (C) Wellness Services are not an exact science, and Wellness Services are provided to me without any warranty or guarantees about any result; and (D) I have had ample opportunity and time to discuss my concerns with any healthcare provider, and all my questions have been answered.

Signature: _____ **Date:** _____

For Minor Patients Only

If you are under the age of 18, please ask your parent or guardian to review this document and sign below. I, the undersigned, am the parent or guardian of the above referenced patient. I have reviewed this document and provide my informed consent on my behalf and on behalf of the patient

Parent/Guardian Printed Name: _____

Signature: _____ **Date:** _____